

I. Applicant Information

Mailing List Application – Mail Transportation Services

In order for us to know the type of service and equipment you are interested in providing, please print or type the information requested below and return the form to the contracting officer at the Distribution Networks Office in the area where you currently reside. Upon receipt of the completed form, your name will be placed on our list of persons and companies interested in submitting bids or proposals to transport mail under contract with the U.S. Postal Service.

Last Name or Trade Name												
First Name Middle Name												
To Attn:												
Mailing Address												
City State ZIP + 4 Code												
	-											
County												
Business Telephone Residence Telephone ☐ Social Securii	ry or □ Tax ID No.											
II. Type of Business Organization (Check applicable items only)												
II. 1 ypc of Business Organization (Oneck applicable tems only)												
☐ Small Business Concern (500 employees or less) ☐ Minority-Owned Business (Che	_											
□ Woman-Owned Business □ Black American	Asian-Pacific American											
□ Labor Surplus Area Concern □ Hispanic American □ Educational or Other Non-Profit Organization □ Native American	Asian-Indian American											
☐ Educational or Other Non-Profit Organization ☐ Native American												
III. Type of Equipment (Check applicable items only)												
☐ 0. Passenger Car or Station Wagon ☐ 4. Heavy Truck (900 cubic feet and above)	8. Ship (Ocean transportation)											
	9. Aircraft (FAR 135)											
☐ 1. Pickup Truck/Van (100-250 cubic feet) ☐ 5. Tractor-Trailer	- 0: / in oran (1 / in 1 100)											
☐ 2. Light Truck (251-499 cubic feet) ☐ 6. Motive Power (Tractor units only)	☐ 10. Aircraft (FAR 121)											

V. Type of Route/Contract																											
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	(ounty	/ tra	vers	sed	by t	the	rout	te pi	rior 1	to the	e da	até	on w	vhic	ch th	ne b	oid	or p	oro	oosa	al i	s sı	ubm	nty traversed by the route or a county adjoining a nitted and must continue to so reside during the le foregoing qualifications of an individual.		
	t		ıs a	mai	il co	ntra	ctor	r, in	a co	ount	y tra														and must have been engaged in business, other county traversed by the route prior to the date on		
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	County																						State				
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В.		nway vice.	— F	Rout	es t	hat	invo	olve	the	tran	sport	t of	mai	l bet	we	en p	oin	ts d	lesi	gna	ted	by	the	e U.S	.S. Postal Service and do not include box delivery		
C.	Wa	er —	Rou	ıtes	tha	t inv	olve	the	trar	nspc	ort of	mai	l ov	er wa	ate	r be	twe	en _l	poir	nts (desi	ign	ated	d by	y the U.S. Postal Service.		
D.		— Ro mand																			sigr	nate	ed b	by th	he U.S. Postal Service. Air carriers must possess		
E.	Em		су -	– C	ontr	acts							•		•			•			cor	ntra	acts	are	e awarded for the duration of the emergency and		
V. A	/. Areas of Operation																										
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		Alask] <u>Б</u> .				_							☐ OR - Oregon		
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	co-	Colo	rado)										☐ MN - Minnesota											SC - South Carolina		
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	IL - I	llinois												☐ NM - New Mexico											☐ WV - West Virginia		
	IN -	ndiar	na] NY	′ - N	New	Yo	rk							☐ WI - Wisconsin		
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] OH	OH - Ohio														

NOTE: Should any of the information change or you no longer wish to receive advertisements, please notify the contracting officer at your area Distribution Networks Office so they may correct the mailing list accordingly.